

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014058

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 13Primary Registration District No. 3003Registrar's No. 62

STATE FILE NUMBER

FILED MAY 4 1962

## 1. PLACE OF DEATH

a. COUNTY

Barry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN MonettLength of stay in 1b  
27 yrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Home - 105 8th St.Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Barry

c. CITY  
OR  
TOWN MonettInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
105 8th St.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Frank

Alfred

Widmeyer

## 4. DATE OF DEATH

Month

Day

Year

April 28, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11/22/86

## 9. AGE (last birthday)

75

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Railroad Conductor

## 10b. KIND OF BUSINESS OR INDUSTRY

Conductor

## 11. BIRTHPLACE (City and state or country)

Springfield, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Gus Widmeyer

## 13b. MOTHER'S MAIDEN NAME

Mary Carroll

## 14. NAME OF HUSBAND OR WIFE

Marie Ann Pruitt

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)  
Yes Span-Am WW I

## 16. SOCIAL SECURITY NO.

7

## 17. INFORMANT

## Address

Mrs. Frank Widmeyer - Monett

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

## DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (c)

Myocardial Infarction  
ArteriosclerosisINTERVAL BETWEEN ONSET AND DEATH  
Sudden  
?

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 9-9-58 to 4-28-62 and last saw him alive on 4-14-62  
Death occurred at 3:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Describe or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

J. D. Buchanan - Monett, Mo.

4-30-62

Mrs. P. D. Cook

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

ITEM NO.

VS 300  
Rev. 4/59

10061

20061

3

4 0

5 1

6

7 0

8 2

9 4201

10

11

12 90-0

13 2-0

JUL 31 1962

MAY 17 1962

JUN 26 1962

FEB 7 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. M. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.